



Offender Name: \_\_\_\_\_ TOMIS Number: \_\_\_\_\_

**OFFENDER MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code

Medical Condition: \_\_\_\_\_ Psychiatric Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

**CRITICAL TREATMENT DIMENSIONS**  
(Select All That Apply And Fill in Blank If Applicable)

- |                                 |                       |                    |                      |
|---------------------------------|-----------------------|--------------------|----------------------|
| Antisocial Domains              | HIV/AIDS              | No High School/GED | Special Conditions   |
| A & D Abuse / Dependence        | Homelessness          | Pregnancy          | SSI Recipient        |
| Batterers Intervention          | IV Drug User          | Previous ACRC      | TennCare Recipient   |
| Child/Adult Protective Services | Medicaid Recipient    | Private Insurance  | Transitional Housing |
| Domestic Violence               | Medical Problems      | Safety Net         | Other: _____         |
| Employment Waiver               | Medicare Recipient    | Sex Offender       | Other: _____         |
| Food Stamp Recipient            | Medication Management | Single Parent      | Other: _____         |

**PRESENTING PROBLEMS**  
(As Reported by Offender)

Explain the precipitating events that led the offender to seek treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain the offender's present cognitive status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT of GENERAL RISK / NEED FACTORS**

Explain general risk/need assessment based on LS/CMI domain scores.

\_\_\_\_\_  
\_\_\_\_\_

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**SUBSTANCE ABUSE / DEPENDENCY HISTORY**

Explain treatment history, last use, amount, frequency, IV use, and types of A & D and drug of choice.

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Explain detoxify history, seizures, hallucinations, medical complications, history supporting behavior to suppress withdrawal.

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Explain any family history of substance abuse or dependence.

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**BIO-MEDICAL CONDITIONS OR COMPLICATIONS**

Explain current and past medical history.

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Explain past and current eating patterns, meals missed, type and quantities of food eaten and eating disorder.

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**EMOTIONAL BEHAVIORAL CONDITIONS or COMPLICATIONS**

Explain mental health and/or psychiatric conditions, psychological or emotional status, i.e. poor impulse control, changes in mental health status, suicidal and/or homicidal ideations, traumatic events or significant developments, i.e. recent major losses, history of current or past abuse or neglect.

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Explain any family history of mental or psychological problems.

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**TREATMENT ACCEPTANCE/RESISTANCE**

Explain motivation for treatment, acceptance, resistance, level of denial, rationalization, justification, blaming.

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Explain if the offender objects to treatment, feels coerced, or is being compliant.

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Explain the offender's motivation and readiness for change, i.e. strengths.

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**TREATMENT ACCEPTANCE/RESISTANCE** (continued)

Explain any barriers to treatment.

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**SOCIAL ENVIRONMENT**

**Current Relationships** – Explain parental roles, history of past relationships, sexual issues, impact of substance abuse on relationships, current relationships with family.

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**Employment History** – Briefly list employers, dates employed, location, positions held, feelings about current employer, job related problems, impact of substance abuse on employment, future employment and or training / educational goals.

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**How Does Offender See His/Her Legal Situation** – Past offenses, attorney, parole or probation, charges pending, court date, court order, legal mandate(s) for treatment.

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**Leisure Activity** – Explain activities, interests, use of leisure time, impact of substance abuse on leisure activity, daily activity pattern, including those that support and those that are alternatives to dependence.

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**SOCIAL ENVIRONMENT** (continued)

**Cultural/Spiritual** – Explain cultural influences on offender and their identity, values, beliefs, and spiritual orientation. What is the offender's religious preference?

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**ANGER MANAGEMENT / DOMESTIC VIOLENCE / BATTERERS**

Have you ever been involved as a victim in domestic violence? If yes please explain.

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Have you ever been in a relationship where you were afraid your partner would cause you physical harm? If yes please explain.

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Have you been forced to have sex when you didn't want to? If yes please explain.

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Have you ever witnessed domestic violence? If yes please explain.

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**ANGER MANAGEMENT / DOMESTIC VIOLENCE / BATTERERS** (continued)

Have you ever been a perpetrator in domestic violence? If yes please explain.

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Have you ever hit, slapped, strangled or otherwise physically harmed a partner? If yes please explain.

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Have you ever been a victim of sexual assault, rape, harassment, or incest? If yes please explain.

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Have you ever been a perpetrator of sexual assault, rape, harassment, or incest? If yes please explain.

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**RECOMMENDATION / REFERRAL SOURCE**

Recommendation:

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Referral Resource:

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Forensic Social Worker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_